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Bib Data Sheet

CONFIRMATION NO. 9963

<b>SERIAL NUMBER</b> 10/698,541	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 019934-003360US
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*OK 1/25/07 FH*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/434,912 12/20/2002 and is a CIP of 10/452,015 05/30/2003 which is a CIP of 10/245,850 09/16/2002 which claims benefit of 60/338,100 11/30/2001 and claims benefit of 60/337,961 11/30/2001  
*none FH 1/25/07*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 02/18/2004** **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 38 14	<b>INDEPENDENT CLAIMS</b> 8 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>None Hand FH</i> Examiner's Signature Initials				

**ADDRESS**  
20350

**TITLE**  
Compositions and methods for detecting and treating diseases and conditions related to chemokine receptors

<b>FILING FEE RECEIVED</b> 741	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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